

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective January 1, 2003

Application or Docket Number

10/617531

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	X	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 =	5
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	90
X42=		OR X84=	168
+140=		OR +280=	
TOTAL		OR TOTAL	1008

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	(Column 1)	(Column 2)	(Column 3)	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
					Minus	**	
	Total	25	Minus	25	-0		
	Independent	5	Minus	5	-0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

SMALL ENTITY  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

10/9/2004, 10/21/04, 10/21/04

AMENDMENT B (Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	(Column 1)	(Column 2)	(Column 3)	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
					Minus	**	
	Total	12	Minus	25	-		
	Independent	5	Minus	5	-		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

10/9/2004, 10/21/04, 10/21/04

AMENDMENT C (Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	(Column 1)	(Column 2)	(Column 3)	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
					Minus	**	
	Total	*	Minus	*	*	*	
	Independent	*	Minus	***	*	*	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>							

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.